TRADITIONAL MEDICINE IN ZAIRE

PRESENT AND POTENTIAL CONTRIBUTION TO THE HEALTH SERVICES

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Present and Potential Contribution to the Health Services

This text presents the main issues and essential comments from the Rapport technique complet *published by the Département de l'Enseignement supérieur et de la Recherche scientifique of the Republic of Zaire about a project on traditional medicine supported by the International Development Research Centre, Ottawa, Canada. The authors of the original text were* ***Gilles Bibeau, Ellen Corin, Mulinda Habi Buganza, Mabiala Mandela, Matumona Mahoya, Mukana Ka Mukana****, and* ***Nsiala Miaka Makengo****. The original was revised and abridged by* ***Rashim Ahluwalia*** *and* ***Bernard Méchin****.*

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FOREWORD

For the past 3 years, the Healers' Medicine Centre (HMC) of the Institute of Scientific Research (ISR) has been studying the healers of Zaire. The methods of the study, as well as the interpretation of the results, reflect the underlying belief that the system and functions of traditional medicine as well as its relationship with Western medicine should be investigated simultaneously to accumulate the basic data needed for a concrete health policy.

The double orientation of the research is mirrored in this report: the first section covers both the real knowledge and the present situation of traditional medicine in Zaire; the second section provides suggestions for reorienting the health policy with regard to healers. Only the principal results of the research are discussed; therefore this report should be read in conjunction with more technical articles published in the *Bulletin de Médecine Traditionnelle au Zaïre et en Afrique* of the Healers' Medicine Centre.

The knowledge gained from this study is an important contribution to a global inquiry into traditional medicines and their potential in upgrading the formal health system. The impetus for this and similar studies has come from the World Health Organization and others who recognize the need for health workers and institutions other than doctors and hospitals. During the Twenty-Eighth World Assembly on Health in 1975, WHO resolved that the national health policies of its member states should focus on primary health care and should fully utilize all available local resources (WHO Resolution 28.88). Accordingly, the African Region of WHO later turned its attention toward traditional medicine and its role in developing health services in Africa.

Likewise, the Second Ordinary Congress of the Popular Revolution Movement (November 1977) in Zaire adopted a resolution encouraging research into the rehabilitation and recognition of traditional medicine as a complement to modern medicine and urged the creation of a service within the Department of Health to take responsibility for promoting traditional medicine. The congress acted in response to the Health and Welfare Manifesto of the Zairian people, which called for treatment, first and foremost, of the core community and for popular participation in improving health and living conditions.

Hospitalization takes place in a warm communal atmosphere where the activities resemble those in daily life to prepare the patient to reenter the community.

PART I

THE PRESENT SITUATION OF TRADITIONAL MEDICINE IN ZAIRE

INTRODUCTION

This report is based on studies of the patients and practitioners of traditional medicine in Zaire. It portrays the different trends in the rural sector, towns, and the capital city. To ensure our data were representative, we endeavoured to study different categories of healers in proportion to the importance accorded them by the local people in each area. We feel that the regions studied are sufficiently diverse, both culturally and ecologically, to enable us to generalize about the national situation.

CONCRETE INFORMATION ON THE HEALERS AND THEIR CLIENTELE

The Healers

We considered healers to be people who:

- Regularly received patients desiring treatment and
- Held a specific position in the community designated in various ways in different languages, for instance, *nganga* or *wa yoro*.

We approached traditional medicine through a study of the healers for the same reasons that a study of Western medicine might use physicians as a starting point. Although most families practice some medicine for their own members, the healers — like doctors — consolidate the population's knowledge about health and take responsibility for most medical care.

Categories of Healers: To categorize the healers, we used the following criteria:

- Type of treatment administered;
- Type of diagnosis of the causes of the illness;
- Illnesses treated;
- The healer's degree of autonomy;
- Objective of the treatment;
- Agents used in treatment;
- Nature of the "force" involved in the treatment; and
- Degree of reference to local tradition.

These criteria are extremely precise, involving many subtle distinctions that at times proved cumbersome. However, by focusing on the type of treatment administered, we divided the healers into four categories: pure herbalists, herbalist-ritualists, ritualist-herbalists, and spiritualists. The second and third categories comprise healers who use plants and rituals either simultane-

ously or alternately; the distinction is that the healers in the third category build the therapy around the ritual, whereas those in the second category treat the ritual as peripheral to the therapy.

We subdivided each of the four categories into generalist and specialist to denote the degree of polarization in the healers' practice with respect to one or more illnesses. Also, we distinguished between healers using divination and those not using it (Table 1).

Table 1. Distribution of healers studied in different areas.

Healer	Kinshasa		Middle-sized cities		Rural areas	
	Divination	No divination	Divination	No divination	Divination	No divination
Pure herbalist						
generalist	112	28	55	12	46	60
specialist	-	20	-	14	10	64
Herbalist-ritualist						
generalist	48	-	10	-	68	-
specialist	10	-	8	-	8	-
Ritualist-herbalist						
generalist	38	2	-	-	16	-
specialist	76	-	32	-	104	-
Spiritualist						
generalist	48	-	2	-	6	-
specialist	-	-	-	-	-	-

Distribution of the Healers Studied: We identified healers from a given administrative entity or a specific rite and studied their sociocultural characteristics, apprenticeship, and therapeutic practices. Then, we selected a certain number of them for in-depth studies involving their knowledge, medical concepts, and patients.

To interpret the data meaningfully, we separated the herbal healers, who comprised pure herbalists and herbalist-ritualists, from the ritualists, who included the ritualist-herbalists and spiritualists (or *ngunza* healers).

The healers in the spiritualist category were all generalists who practiced divination and whose therapeutic activity extended beyond illness to problems of daily living (such as unemployment and marital problems). Because their therapeutic activity is primarily religious (prayer meetings, holy water, imposition of hands) rather than medical, these healers are generally excluded from studies of traditional medicine. We have included them, however, because they receive regular clientele and their therapeutic activity forms part of the direct evolution of African medical traditions.

The healing rites of ritualist-herbalists are based on the attributes of the specific spirits deemed responsible for a patient's problem. Thus, the ritualist-herbalists all use divination, which varies in form according to the rite. Some specialize in the treatment of illnesses caused by spirits specific to one ritual; they have been classed as specialists. Others have a broader therapeutic scope and are consulted for illnesses not covered by a

specific ritual. Thus, they have been classified as generalists, although their orientation by nature is toward certain categories of illnesses.

Specialized healing rites include *Zebola*, *Mpombo*, *Mizuka*, *Elima*, and *Nzondo*, whereas healing rites of a more general nature include *Bilumbu*, *Mikanda-Mikanda*, and *Tembu*.

The distinction between specialists and generalists in herbal medicine is similar to that for ritualists. Specialists are healers whose practice focuses on a small number of illnesses, such as infantile asthma and hemorrhoids, no matter how many illnesses they claim to treat (they tend to exaggerate when listing the ailments in their practice). Generalists, on the other hand, show no signs of any specialization in their practice. In the three areas we studied, the two most frequently observed specialties among herbalists were female illnesses and madness; in rural areas, treatment of fractures was also a common specialty.

As can be seen in Table 1, the proportion of generalists to specialists was higher in towns (78%) than in rural areas (68%) and was highest in Kinshasa (86%), probably reflecting three factors:

- Contacts between healers in urban areas enabled them to expand their knowledge and complement their primary practice;
- People seldom knew the healers in large cities so they could not select one on the basis of specialty;
- The healers tended to present themselves more as generalists, partly to respond to the greatest number of demands and partly to promote the image of a polyvalent healer, owing perhaps to the influence of dispensaries and hospitals.

Similarly, the proportion of herbalists practicing divination in the urban areas (74-79%) was higher than in rural areas (52%). Perhaps, urban healers have to compete more often with modern medicine, which is essentially naturalist, and need to distinguish themselves from it. Likewise, they are probably oriented toward divination because their clients request it to clarify the unfamiliar problems facing them in the urban environment.

In all areas, specialists who used divination were in a minority; most specialists tended to approach illness as an organic phenomenon, an approach that also characterizes modern medicine.

The Healers' Clientele

To determine the current position of traditional medicine in the delivery of health care in Zaire, we needed to know the sociocultural characteristics of the healers' clientele, their reasons for seeking the healers' help, and their disorders.

The information we gathered in these three categories was not globally representative so it has been distinguished according to the category of healer, possible specialty, and practice area.

The patients, by virtue of their choices, distinguish between herbalists, ritualists, and spiritualists; however a particular healer may be consulted by one patient as an herbalist and by another as a divining healer.

The number of men and women consulting herbalists is about the same in all areas, with a slight predominance of women in Kinshasa (Table 2).

Table 2. Distribution of patients according to sex.						
Healer	Kinshasa		Middle-sized cities		Rural areas	
	Women (%)	Men (%)	Women (%)	Men (%)	Women (%)	Men (%)
Herbalist	57	43	51	49	49	51
Ritualist	77	23	94	6	75	25
Spiritualist	62	38				

However, the clientele of the ritualists are mainly women in all three areas. This majority is more pronounced in some rites (*Zebola*, *Mpombo*, and *Bazu*) than in others (*Nkita* and *Mizuka*).

A sizable proportion of women who practice the healing rites specialize in the treatment of mental disorders and in female illnesses; what they actually provide and whether similar facilities exist for men are both uncertain.

Age Distribution: Large concentrations of patients were between ages 21 and 30 (16 and 30 in certain areas), and small numbers of patients were between ages 6 and 15. A large number of children under age 5 in Kinshasa were consulting herbalists and spiritualists. This finding was quite unexpected because of the numerous medical services available for both mother and child, and it needs in-depth study to determine the circumstances and motives behind it.

In Kinshasa, a majority (54%) of the patients consulting specialists in the treatment of mental disorders were aged 21-30; 18% were 16-20; and 11% were between 31 and 40.

These data suggest an overbalance of mental illness among young people in Kinshasa and, from an epidemiology viewpoint, should be compared with numbers of people consulting other psychiatric services. If the concentration of patients is confirmed, the factors surrounding the frequency of mental disorders in the youth must be studied.

Patients seeking specific healing rites can also be delineated by age; in our study, people of all ages patronized the *Nkita* and *Zebola*, whereas the *Bazu* was patronized primarily by 21-30-year-olds in Kinshasa and 31-40-year-olds in the rural areas. In Kinshasa, a relatively young group of patients sought *Zebola* compared with those seeking it in rural areas. Thus, the rite is far from being outmoded, although it may be sought for different reasons in the two areas.

Reasons for Consulting Healers: Traditional medicine is only one of the options offered to the population for the treatment of illnesses. Patients resort to both traditional and Western medical services, depending on the circumstances. Their choices and the steps they follow are keys to understanding what traditional medicine means to the population.

Our study shows that the majority of people seek treatment first from modern medicine, although the proportion is lower in the rural areas, where there is less accessibility to modern medicine and greater familiarity with traditional medicine and its practitioners.

Interestingly, 51% of the patients who consulted specialists for psychic disorders first consulted modern medicine; 39% consulted only traditional medicine.

However, the proportion of other patients who resorted only to traditional

medicine was very small, primarily comprising those who suffered from illnesses perceived to be typically African, such as epilepsy and delirious fits.

Roughly speaking, 25–50% of the patients consulted modern medicine before going to healers; they differed widely in the time that they gave modern medicine to effect a cure (Table 3). Patients who fluctuated between the two medical systems were motivated by various circumstances and occasions.

Table 3. Duration of illness before first consultation with traditional healer.

	Kinshasa		Middle-sized cities		Rural areas	
Time (d)	Herbalist (%)	Ritualist (%)	Herbalist (%)	Ritualist (%)	Herbalist (%)	Ritualist (%)
<7	12	12	28	25	33	11
7-30	13	10	14	6	1	5
60-180	14	16	19	19		16
210-365	22	21	8	25	25	22
>730 (2 yr)	39	41	31	25	41	45

The underlying reasons for abandoning modern medical treatment probably include the shortages of modern drugs and equipment; the impersonal care provided; the doctor or nurse's reliance strictly on somatic aspects; the patients' expectations for instant cure; and the inability of modern medicine to treat certain illnesses. However, the reasons most frequently given by the patients or their families were the failure of Western medicine, the wish to know the deep-seated cause of the illness, the presence of specific symptoms clearly indicating an African illness, the cost of modern medical care, and referral to traditional medicine by a Western medical doctor. Their reasons fall into two categories: essential — those that are rooted in culture, such as the second and third motives — and accidental.

The patients' reasons for consulting traditional medicine cannot be viewed separately from their perceptions — which may or may not correspond with reality — of their ailments. The latter vary greatly, and to categorize them, we followed the patient classification designed by the World Health Organization for activity reports of medical units that have no doctors. Still, we found that some of the principal disorders were impossible to pinpoint; for these, we needed a special "general" column. More often than not, the general column included patients with vague disorders affecting the whole body.

The categories we used were:

- Infectious diseases such as leprosy or measles;
- General condition characterized by weight loss, dizziness, weakness;
- Psychic disorders such as paroxysms, hallucinations, irritability, anxiety;
- Fainting;
- Convulsions;
- Disorders of the sensory organs: eyes, ears, teeth;
- Skin diseases;
- Respiratory system disorders;
- Digestive system disorders including poorly defined stomach and abdominal ailments;
- Heart problems, such as palpitations or "heart pain";

- Gynecological disorders, such as menstrual problems, miscarriage, sterility;
- Genitourinary disorders, such as urinating very frequently or impotency;
- Movement disorders, such as fractures, paralysis, or articular pains;
- Swelling;
- Vague or localized headaches;
- Various disorders;
- Consultation for paramedical motives such as "good luck" or professional success; and
- "General" cases in which there is no evidence of a principal disorder.

We observed that herbalists treated the widest distribution of disorders and that they treated most of the patients with illnesses relating to the digestive system, or more broadly, the abdomen. We also found that a large number of patients had psychic disorders, especially those consulting ritualists; similarly a large number consulting ritualists had a general weakness and weight loss. Other findings were that a large number of patients complained of gynecological problems, that almost none of the principal disorders were infectious diseases or ailments of the skin and sensory organs, and that, in Kinshasa, patients with psychic disorders constituted 20-30% for every ritualist's practice despite the specialty. *Bazu* ritualists had a high of 62% and *Npombo* ritualists, who seem to specialize in gynecological problems, had 36%. A large number of persons in the "general" column sought help from the *Mizuka*.

The patients' view of their problems and, hence, their choice of healer may be influenced by where they live. For example, the number of patients who sought *Zebola* as treatment for psychic disorders increased from Kinshasa to the towns and then to the rural area where the rite originated and was more familiar.

Patients' motives for choosing a particular healer were related not only to their perception of their ailment but also to their own ethnicity (Table 4). The proportion of healers and patients belonging to the same ethnic group was

Table 4. Cases in which healer and patient belonged to same ethnic group.

Healer	Kinshasa (%)	Middle-sized cities (%)	Rural areas (%)
Herbalist	19	83	84
Ritualist	45	56	75
Spiritualist	71	-	-

greater in towns and the rural area than in Kinshasa. This finding probably partially reflects a more homogeneous environment in towns and rural areas; however, it also indicates a slackening of strict ethnic reference in Kinshasa as well as the interethnic nature of African medical tradition. In the healing rites, especially, the cultural background of therapy is deep-rooted; therefore, it is particularly noteworthy that in Kinshasa only 45% of the patients consulting ritualists sought out their own ethnic group.

TRADITIONAL MEDICINE AS A MEDICAL SYSTEM

The medicine practiced by the healers is holistic in that it cannot be reduced to a single dimension of treatment or remedy. The treatments are based on, and inseparable from, knowledge and concepts such as the causality, classification, and diagnosis of the illness. Consequently, a healer functions variously as a botanist, pharmacist, doctor, psychologist, and sociologist in treating different illnesses.

Etiology in Traditional Medicine

Confronted with a patient's ailments, the healer seeks to discover the origins of the illness in relation to natural causes — the "how" — and the deeper meaning or the motivation behind the causes — the "why." Both levels of causes interact with one another, and it is this interaction we have tried to understand.

Natural Causes: Qualifying an illness as natural does not necessarily imply that a healer is interested in the exact causal agent of the illness; it may merely be a prerequisite for a purely naturalist treatment.

Included in the category of natural illnesses (*maladi ya Nzambe*, for example) are mild illnesses or those considered as normal, such as skin rash or diarrhea in a child or influenza or rheumatism in an elderly person.

Many healers attribute illnesses to specific natural causes, including some that correspond to descriptions in Western medicine (real) and others that arise from their perceptions of the illness (imaginary). For example, a healer may explain that a patient's madness is due to consumption of an excess of hemp (real) and decide that another's repeated miscarriages are caused by a worm eating the fetus (imaginary). Both causes are considered natural because they explain "how" the ailments occurred and not "why."

Most healers draw on their previous associations and assumptions about illness to name natural causes; rarely do they conduct a systematic search to formulate the diagnosis.

Unnatural Causes: When healers attribute illnesses to unnatural causes — sorcery, spirits and magic, and fetishes — they must be willing to discover the unnatural cause and the reasons that it was invoked.

Most motives can be categorized as:

- Transgression of a social rule (relating to marriage or a dowry, sharing goods, parental authority, fulfilling certain rites, etc.) by a patient or a family member;
- Conflicts in interpersonal relationships (jealousy, misunderstanding, and strange behaviour, particularly in urban areas);
- A special relationship between a patient and the spirit; or
- Violations of witchcraft-related rites and fetishes.

These categories are based on the degree to which the patient is responsible for his or her illness, which is interpreted as punishment.

The motives summarize the problems encountered by people in their relations with themselves, with others, and with the law — that is, the patient's

psychologic and sociocultural environment. Healers best known for their skills in uncovering unnatural causes are the ritualist-herbalists and spiritualists.

Healers generally divine more than one unnatural cause in one illness, although they concentrate on what, to them, appears to be the most important one. Sometimes they link the psychosocial or "unnatural" element to a natural cause.

For example, a healer may attribute madness to hemp-smoking and then explain that the patient's fetish for smoking has rebelled or that the patient has slighted a family member who has cast a spell, forcing him or her to smoke hemp. Another healer may tell a woman that her successive miscarriages are caused by too arduous work and divine that her paternal uncle offered her womb to a group of sorcerers because she had not given him any money. In both examples, the healer prescribes two treatments, one to address each cause.

Nosology in Traditional Medicine

All the languages spoken by healers contain many names for illnesses; in fact, a single illness can have several names to suit different circumstances.

If a patient has several symptoms, a healer may interpret each as being a separate illness, especially if the symptoms appear at different times. On the other hand, a healer may have one name for two or more illnesses with relatively similar symptoms. Therefore, the terms for illnesses used by the healers cannot be formally compared with those of Western medicine, although the majority of names of illnesses refer, as do those in Western medicine, to organic symptoms.

Certain categories of illness (such as venereal disease, skin disease, headache, childhood illness, and female problems) are precisely differentiated, whereas other categories are extremely broad. For instance, all the illnesses of the upper body involving the heart, liver, or lungs are called by the generic name *maladi ya motema* and *ngabe*. Also, illnesses of the abdomen are often attributed to, and named after, beasts and objects extraneous to the body that can enter and dwell there.

Principles Used in Naming Illnesses: The name of an illness may reflect an association. For instance, the form, odour, colour, or other quality of the dominant symptom may be linked with an animal, plant, etc. An example is dermatitis, which gives the patient a skin condition similar to the texture of a wild boar's hide and thus is called wild boar.

An illness may be named in a way that describes its effects as well as the system most noticeably affected; an example is *kisuba-suba*, which vividly describes a pathologic condition similar to diabetes.

Sometimes an illness is named after its cause, be it general or specific, natural or unnatural. Thus, among the Angbandi, a disease may be *nga toro*, which means a disease of the spirits, or *zabolo*, which describes the category of spirit.

Illnesses are less often named after the therapy used to treat them. Among the Azande, for example, torticollis is called wood-of-the-spear-shafts because the healer treats this ailment by immobilizing the neck between two spear shafts.

A disease may also be named after a sociocultural rule that has been

broken. There is, for example, among the Angbandi a "mourning madness," which strikes widowers who have not fulfilled all their marital duties. Similarly, the whitlow is named after a fetish for protecting property (*gbanga*) and is said to be contracted by thieves.

Finally, ailments are at times named by virtue of their location such as earache and stomachache.

Examining the multiplicity of principles involved in naming illnesses explains why it is impossible to organize all the names under one classification. Depending on the healer's point of view, a particular illness may have a number of different names.

Although the vocabulary of pathologic terms used by healers corresponds to the concepts of biomedicine, it also exceeds the confines of the latter through its global and holistic references.

Anatomic and Physiologic Concepts in Traditional Medicine: Even people who recognize the effectiveness of traditional medicine doubt that the healers possess an organized body of anatomic and physiologic knowledge. They are willing to admit that the healers probably know a certain number of organs, their names, and their locations in the body — mainly a by-product of hunting and cutting up game — but they contend that the healers are not interested in how the organs work or what the major physiologic systems are.

The starting point of this position is comparison with Western medicine. Given this starting point of Western standards, traditional medicine can only be judged negatively because the healers do not have the entire arsenal of experimental techniques that have enabled Western practitioners to refine their medical knowledge. By this approach, no one can hope to reach an understanding of the original way in which the healers evolve and organize their concepts about the functioning of the body or how these concepts shape their therapeutic practice.

A direct reference to the body and to its functioning appears in various degrees in traditional medicine. In diagnosing an illness, healers often take into account two basic signs: body temperature and the "quantity" of blood. They refer not so much to the overall body temperature but to the presence of heat or cold located in certain parts of the body and diagnose the presence of evil blood that must be removed from the body. The healers attach great importance to physical symptoms and focus their attention on changes in the various parts of the body affected by illness. The way they administer remedies often involves concepts concerning the relationships between various organs or the importance attached to certain ones. For example, the location of incisions provides some insights into a healer's view of blood circulation or relationships between the head and heart. Also, healers may view the joints as areas of concentration of body energy or the eyes as a means to treat brain disorders. Furthermore, they have taken the body seriously enough to have developed a large and specialized pharmacopoeia to control its functioning even if they cannot verbalize the principles involved. Thus, when asked why a certain plant is used to treat *mbambe* (infantile asthma), a healer simply replies that it eases breathing and not that it is a vasodilator. In other words, the healer's therapeutic practice is the result of careful observation of the body and its functioning and represents the healer's basic knowledge.

The healer's knowledge is usually nonconceptualized, often fragmentary,

The healing rites propose not only to cure the physical ailments of the patient but also to reinstate him or her in the community.

entirely based on action, and understandably may not distinguish between the names and the functions of organs. The names of organs are often given in physiologic terms; thus, the Angbandi refer to the bladder as the holding-sac-for-urine, the ureter as the urine-duct, and the uterus as the infant's-house.

It is possible to identify certain organs that are grouped by the healers. The Angbandi, for instance, relate the names of several organs to each other by means of a common linguistic denominator: *be*

be,	heart
ngbina be,	literally, old heart (liver)
fana be,	literally, new heart (lung)
ngonzo be,	pancreas
ke be,	sternum
ndo be,	chest.

The Angbandi, thus, establish a functional link between the organs, although Western medicine does not recognize such a link, classifying the organs in different systems. The most important organs in traditional medicine generally have one or several secondary names specifying their function; thus, the liver is called *ngbina be* for its relation to the heart and *ofo ofo* for its role in respiration.

The main groups of organs and their interrelationships so characteristic in traditional medicine need to be more carefully studied; some possibilities include investigating organs containing liquids (bladder, pancreas, vesicle), those associated with liquids (heart, liver, kidneys), or those involved in the relationship between such widely separated organs as the mouth and anus.

A healer's knowledge is neither completely inaccurate nor purely based on ignorance. It is true, though, that most healers cannot distinguish between the pancreas and the vesicle, both of which contain a pungent greenish liquid. The healers conclude that the two organs are similar, albeit different in their position in the body and their morphology. Similarly, arteries, veins, and nerves are classified under one term (*misisa*, for example) to delineate their

function as ducts but are also distinguished with respect to what they carry.

Knowledge about the body in traditional medicine is closely linked with the symbolic value attached to certain organs or parts of the body, such as the head or heart. In fact, some mild symptoms cause serious anxiety because of the symbolic connotations of the organ affected. For example, the head is so closely linked with reasoning that persistent headaches are often associated with madness. This symbolic value sometimes explains diagnoses that are not, otherwise, clear.

The healer's knowledge of body functioning is empirical but is based on meticulous observation that at times is positively astounding. There is a real danger that it will be underestimated or disregarded by Western scientists.

Diagnosis in Traditional Medicine

Involved in diagnosis is the healer's knowledge of both the causes and classifications of illnesses. A diagnosis of the natural causes can be made by a more-or-less systematic questioning of the patient or by physically examining the patient. Usually, the healer just listens to what the patient has to say, asking occasionally for additional details. The patient generally describes ailments, their development, and the steps taken to cure them, at times describing dreams and fears along with the impressions of other family members concerning the illness. Herbalists gather further details on symptoms, their exact form, and their location and undertake a physical examination of the patient. Ritualist-herbalists, on the other hand, gather more details on the patient's steps to cure the ailments, realizing that illnesses already treated by Western methods require special therapies. In contrast, spiritualists such as the *ngunza* focus on the patient's life.

The healers' experience prepares them to diagnose and treat many illnesses and at times to recognize (and refer to hospital) patients with hopeless conditions.

Diagnostic Procedures to Discover Unnatural Causes: Healers generally use questioning as a means also to diagnose unnatural causes, but they depend more on the patient, who is possessed by a spirit, to engage in self-diagnosis. They often give the patient medication, such as eye drops, which permits the supernatural cause to reveal itself through the words of the patient. (The fact that the patient's speech is attributed to a supernatural cause reinforces the credibility of the speech and prevents people from holding the patient accountable for what is revealed.)

Healers sometimes resort to a mechanical procedure that reveals unnatural causes, the healers acting as interpreters. For example, the diagnosis is based on the position of thrown objects. Studies of various methods of divination indicate that dialogue is the key to diagnosing illness, although the patient may not realize it. The diagnosis is rarely forced on the patient; it is formulated progressively during research into possible areas of tension and is based on the patients' reactions, silences, etc. Thus, the healer plays the dual role of sociologist and psychologist, a role that has become increasingly valued in Western medicine. The importance of this role and the comprehensive approach of traditional medicine should never be overshadowed by the startling character of the diagnoses.

Traditional Medicine Treatments

The comprehensive approach of traditional medicine is evident in treatments given to the body, to social and spiritual relationships, and to certain internal psychic states, such as guilt and anxiety. Treatments may be directly curative or may include protective or preventive factors; they may just involve the healer and patient or they may involve the patient's family and community as well.

Whatever their form, all treatments are either natural or ritual, and most therapies combine elements of both.

Principal syndromes and their treatments are based on logical deductions and associations. For instance, patients complaining of gynecological problems are often treated with enemas to expel worms or other objects in the abdomen; patients with convulsions and syncopes are given painful eye drops or are made to inhale strong odours to break the psychosomatic withdrawal and reunite the patient with reality; incisions in painful joints to ease rheumatism are based on the desire to get directly at the ailment; inducing vomiting in patients with chest ailments is a means to facilitate the body's natural expectoration process; and treating fevers by fumigation is related to the desire to rid the body of excess heat. Fumigation is also associated with the notion that the illness is a type of impurity that should be expelled through perspiration.

Available data suggest that each healer treats certain illnesses consistently and usually has a two-pronged approach: administering one treatment to all patients alike — for example, a product comparable to vitamins aimed at strengthening the patient, whatever the illness, or an enema to expel foreign bodies — and then administering a treatment specific to the illness but flexible and adapted to the daily changes in the patient's health. Healers are thus very alert to any alterations in the symptoms as well as in the patient's psychic condition, and the patients feel that they are receiving proper follow-up.

Treatments Using Remedies: Remedies in traditional medicine consist of formulas prepared from various natural substances: animal, mineral, and vegetable. The vegetable remedies account for about 90%, thus the name herbalists. The remedies include mixtures of various chemical substances in raw extracts from a single plant, several related plants, or from other animal and mineral substances. Ingredients that make up the medicines are combined at the time of either preparation or administration.

Traditional pharmacopoeia currently operate at the local level and should be investigated in efforts to develop a national traditional pharmacopoeia.

Traditional pharmaceutical techniques consist of all the operations conducted by the healer to prepare the remedies administered. They include selection, collection, preservation, preparation, and packaging. In selection, healers show real ability. They choose the most effective part of a plant, according to organochemical elements. A healer may use different parts of the same plant to treat two different illnesses. For example, the leaves of *Hymenocardia acida*, Euphorbiaceae, are used to treat madness, and the trunk bark to treat gastritis. Two healers may use different parts of the same plant to treat two different illnesses, e.g., *Alchornea cordifolia*, Euphorbiaceae, the vine for diabetes, the root for *mpese* (psoriasis).

Healers preserve both the raw material and finished product, thereby

enabling them to have the necessary remedies available at all times. They bury roots in a mound of soil, plant medicinal plants in small gardens, and add preservative agents to existing remedies.

Healers use a variety of methods to prepare the pharmaceuticals depending on the raw materials and the desired product. In the traditional galenical, healers perform such operations as: measuring the material to be used, dividing it to improve absorption, dissolving it, filtering it (using a piece of cloth), and blending in additional ingredients such as agents to prevent spoiling or stickiness.

Healers prepare their remedies in numerous and varied forms (such as powder, solution, soup, ointment) depending on the way they are to be administered, the patients' wishes, the limitations of the raw materials (it is difficult to prepare a powder from fresh leaves), and the like.

The remedies can be either local (drops in an ailing ear; incisions made at the joints) or systemic (massage or fumigation, to ease the whole body).

The most frequently used ways of administering remedies are oral, dermal, nasal, anal, vaginal, and auricular. Sometimes the medicine is given as nose or eye drops or as a potion for the patient to drink. Other times powder is applied to incisions, having an effect similar to a hypodermic injection, or is inhaled in a way similar to inhaling an aqueous solution spray. Also, the remedies may be worn in ornaments.

There are characteristic correlations between ways of administering remedies and the location of the illness, such as treating ailments in the head by nose or eye drops, and between ways of administering remedies and folk concepts on the origins of the illness, such as using an enema to treat *mpese* or measles, which is considered as having originated in the abdomen.

Some healers measure out dosages in cups rather than in teaspoons; they know that an overdose leads to poisoning and that an insufficient dose is tantamount to a lack of therapy; they take into account the characteristics of the patient (such as age and height), of the illness itself, which may be either mild (incipient), chronic, or serious, and of the contents both of the treatment and of the remedy (rapid, slow, violent).

The efficacy of a therapy is the result of uniting two powers: the power of herbs (90% of all remedies) and the power of the healer. This double power springs, at least in part, from those rituals involved in producing and preserving the remedies: the healer must collect the herbs at certain times of the day, under certain circumstances, carrying out certain gestures and prayers; the remedies must be prepared under specific conditions, preserved in protected areas, and taken according to rituals that determine, for example, what hand will lift the remedy to the mouth, the number of times and in what manner the remedy is to be taken, etc.

A number of restrictions in traditional medicine coincide with the contra-indications cautioned for some remedies in Western medicine. For instance, no alcohol is to be consumed by patients receiving certain traditional treatments. Other restrictions are of a more symbolic nature, such as prohibiting an epileptic child from eating fowl because convulsions evoke the winged movement of the birds. At times, patients are restricted from consulting Western medicine during the period of traditional treatment.

Treatments Through Rituals: Therapy through ritual — the psychosocial level — is based on a group of symbols and beliefs, some of which are general

in scope and others that are specific to a particular society or ethnic group.

Rituals may be peripheral, integral, or universal in the overall therapeutic strategy. The first two approaches are characteristic of herbalists, whereas the third is characteristic of both the ritualists (ritualist-herbalists) and the spiritualists (pure ritualists). Peripheral rituals reinforce the treatments that use remedies. Examples are a very brief ceremony at the beginning of treatment, such as a prayer to ancestors; chants and drum beats accompanying fumigation to invite the spirits to participate in the therapeutic action of the vapour bath; dancing and singing just as the healer administers a remedy to a seriously ill patient to represent the community and to revive the patient's courage.

A ritual may be integral to treatment and have its own therapeutic goal. Examples are: the purification bath in the river; a "scapegoat" procedure by which the healer takes an animal, places the patient's wrongdoings on its head, and chases it into the forest; the blessing by spitting (where each member of the family passes by and spits on the patient to thus signify their lack of any resentment that could hinder recovery); and a procedure by which a red cloth is waved above the patient's head to chase away the evil spirit causing the illness.

Rituals that are all-encompassing, or universal, to a therapy are calculated to let spirits possess and speak through people in a group: either the patient's family or community. A typical example is found among the *Nkita* where illness signifies union between spirit and family and occurs when one or more family members are initiated both as privileged mediators between the spirit and the group and as appointed therapists of the family. Sometimes possession occurs through a system of symbols that indicate the spirit living in the person or through a psychobiological state of dissociation or trance that confirms the spirit's presence. The way that possession occurs distinguishes different rituals such as the *Zebola*, an example of the first method, and the *Mpombo*, an example of the second. What is common to the universal rituals is that importance is attached to the dual relationship between a person and a spirit and that the initiation integrates the patient into a community of people experiencing a similar relationship. A slight variation of the same theme is the *ngunza* healers who base their healing vocation on their having been personally chosen by the Holy Spirit; they, themselves, become possessed during the healing ceremony.

Therapeutic Principles in Rituals: The specific aim of rituals, which is to purify or exorcise, should be distinguished from their therapeutic scope, which involves understanding the social and psychologic principles at work in the society, the basis of therapeutic efficacy.

The therapeutic scope of a ritual must be discussed in terms of how the components in the ritual affect the patients' inner state, their self-image, and their relationship with others. One of the rituals we observed was to transfer an adulterous woman's defilement to a hen. The woman was identified symbolically with the hen when drops were placed in the eyes of one and then the other. At the final moment of the ritual, the woman was reconciled with her husband, the therapeutic scope being rooted in the person.

A good illustration of therapeutic scope is the healing rites that consolidate various ritual components found in the therapeutic practices of healers. These rites explicitly show the global nature of traditional medicine.

There are three basic therapeutic principles involved in rituals; they are exemplified in the *Zebola*. First, the healer attempts to reconstruct the patient's feeling of identity either through physical experience — administering massage and fumigations, teaching the patient the *Zebola* dance — or through the psychosocial — relying on beliefs that reassure the patient. Second, the healer establishes a dialectic between increasing a patient's self-value and reinforcing the patient's relationship with the community. This is done by integrating the patient into a new community composed of healers, other patients undergoing treatment, and former patients; the community continues as an important reference point for the person after treatments have ceased. Finally, the healer reconstructs the patient's position within the family by publicly announcing the conflicts, which are considered as the source of the illness and in which the *Zebola* spirit has intervened. Showing solidarity, the family agrees to support the patient in the *Zebola* treatment, to be present during the important stages of treatment, and to bear the financial burden.

The therapeutic efficacy of each of these three principles is based on the interaction between them. Through the interaction, the psycho- and socio-therapeutic principles characterizing the global nature of African therapy are realized. The therapeutic efficacy of rituals is indissociable from the existing system of beliefs and would not be preserved if the latter were eliminated.

The efficacy of traditional medicine involves somatic, psychic, and social factors and needs to be evaluated according to both biological criteria such as clinical examinations, laboratory tests, etc. and psychological criteria, such as the patient's self-image, feeling of well-being throughout treatment and especially after, etc. Studies have shown clearly that the psychological and social conditions surrounding a person are so important that they may cause a patient to relapse or to remain in an "unhealthy state," thus preventing him or her from assuming a positive role in society.

Studying efficacy is extremely complex because a person's recovery depends on the remedy administered, the context in which it was administered, the patient's expectations, the human body's recuperative powers, etc. The old-fashioned attitude that a patient's recovery was due to the remedy administered has been seriously questioned.[1]

The efficacy of traditional treatments can be evaluated systematically according to the following steps:

- Focus on a healer who specializes in cases similar to the disease to be studied, for which there should be a nosological entity (such as *kisuba-suba* for diabetes, *sopiso* for blennorrhagia);
- Seek out the patients whose illness has been diagnosed as the condition to be studied;
- Examine the patients and confirm the diagnosis according to modern medical criteria;
- Without interfering with the treatment given by the healer, examine and interview the patient periodically to determine both the progression of the illness and the patient's view of it;
- At the end of the treatments, evaluate the patient's state of health.

At the request of healers, we have detailed a method that would make

[1]See work done by a group of researchers under A.L. Cochrane of Great Britain, in the book *Medical Inflation*.

such an evaluation and would promote cooperation between modern and traditional medicine.

- Select a certain number of healers from various specialties to work either full- or part-time in a polyclinic;
- Strike an agreement between participants to transfer to hospital any patients who deteriorate or show no improvement from traditional medicine; and
- Employ a nurse working under a doctor at the polyclinic to complete the healers' files for their patients and to include in each file a Western-type diagnosis.

This plan has several drawbacks because the healers are taken out of the context of their normal practice: their clientele and treatments would be altered as would future developments in traditional medicine.

Knowledge and Power in the Healer's Practice

Studying the knowledge of healers and how they apply it in their practice involves examining the origins of the knowledge and the means of transmitting it. This is no simple task because traditional medicine is an amalgam of techniques, knowledge, and power, all of which are accessible in different degrees to different people.

The difficulty in tracing the empirical basis of the knowledge is compounded by the healers' tendency to claim that their medical knowledge is rooted in the power they possess. But it is extremely difficult to isolate from traditional medicine an area of knowledge and practices that could be considered as totally profane. This lack of demarcation, which is ever-present in the population's image of the healer, can in a sense be dramatized and accentuated by the healers who use clothes, ornaments, expressions, the layout of their work area, etc. to affirm their individuality. Apart from what has been said regarding the context of the ritual surrounding the healer's practice, a reference to power is clearly found in three different areas:

- In the motive that urges a person to become a healer, a vocation which, more often than not, either stems from the feeling of having been called or follows in the family tradition;
- In the healer's description of how he or she acquires the knowledge, references to a master-initiator as well as to other sources, such as the medium of dreams, visions, and revelations. In many cases, then, the healer's learning is not a brief process but rather a lifelong one; and
- In the healer's "extra-medical" role in society, which often is a high social position with influence on problems that have nothing to do with health.

The concept of power is not unknown in medicine in that therapists do manipulate puzzling and anxiety-filled situations and, hence, assume a power of authority that further enhances the patient's hope of recovery. But this aspect of traditional African medicine should in no way obscure the genuine skill actually displayed in the healer's practice.

THE PROFESSION OF HEALER IN ZAIRE

Although traditional healers have always existed in the rural and urban areas, they have been relatively inconspicuous, especially in the urban areas. However, recently, they have made their presence felt, particularly in the cities, by advertising their services.

Their campaign, promoting cultural authenticity, reflects a national attitude and surfaced during a favourable political climate that buttressed their confidence as well as their status in society.

Daily Activities of Healers in Regard to the Law: The position of healers in regard to the law is fairly ambiguous: their practices appear to be outside the laws governing the art of healing. On the one hand, these laws limit medical practice to those who hold a recognized diploma; they define the permissible professional activities according to the type of diploma; and they contain a series of clauses about specific practices in the art of healing. On the other hand, they explicitly make exception for traditional practitioners, noting that the regulations do not apply to healers "who carry out treatments in traditional areas by administering remedies in accordance with the usages and customs without disturbing the peace."

Because of the way these laws are formulated, they poorly define the limits of their application and fail to lay down any guidelines whatsoever regarding the practice of traditional medicine; consequently, the legal courts have shown both extreme tolerance and extreme repression of healers in the past.

But a number of laws on "superstitious practices," poisoning, etc. do deal with problems that are directly or indirectly related to traditional medicine such as sorcery, fetishism, and divination.

In other words, the laws at present are sadly lacking; they need to be reworked to embody traditional jurisprudence, existing legislation, and informed regulations on the practice of traditional medicine.

Because of the ambiguity in present laws, healers become the victims of judicial conflicts. Everyone wants to control them, and no one has the means with which to do it. The result, on the one hand, is that the healers are taxed inconsistently and are not always given receipts for payments; they constantly risk losing their right to practice, although they can protect themselves partially by obtaining several diplomas; and they are powerless when an accident occurs during treatment, when customers refuse to pay their bills, etc. The result, on the other hand, is that opportunists need only obtain "the necessary paraphernalia" to set up practice and the amount paid for services may have nothing to do with fair payment.

Attitudes Toward Healers: To date, several administrative authorities have shown interest in the healers or have had dealings with them. These include the Department of Art and Culture, which considers traditional medicine as a form of traditional and folkloric art because of the role played by dancing in the healing rites; the Department of Justice, which deals with healers because of laws governing cults and associations (the healers have requested recognition as nonprofit organizations, probably in an attempt to legitimize their practice); the Department of Territorial Administration, which classifies healers

according to areas and communities, for purposes of census, registering of professions, and collecting of taxes; and the Department of Public Health, which has two relevant offices: "Legislation and Study" and "Art of Healing."

The absence of coordination between and within these departments and the lack of central files are deplorable. The first three departmental authorities deal only with the peripheral aspects of traditional medicine. The Department of Public Health, especially, should take steps to develop a global policy on traditional medicine and to centralize its files and information.

The informal recognition of traditional medicine bears repeating. It is so common that judges in charge of cases involving sorcery often consult specialists in traditional medicine. Having recourse to a divining healer enables a judge to understand local conflicts and to analyze the healer's activities.

Healers' Reaction: A Growing Public Awareness

The healer is often pictured as an individualist who refuses to cooperate with anyone for fear of having to share "secret" knowledge. This image is partial and unjust.

Traditionally, healers have cooperated with other healers in two ways:

- As therapists — healers who feel incompetent to handle a particular illness refer their patients to more competent colleagues — and
- As professional associates — healers in certain societies believe that they form a kind of association and are all members of a group with particular rules of behaviour and a particular place in society.

The latter form of cooperation is new in rural areas and is spreading to urban areas. It represents a means for healers to originate new practices and to set goals for themselves. The explicit aims of healers' associations are laid down in their statutes and usually cover census, training, cooperation between healers, control and promotion of traditional practices, and cooperation with official health departments. But these explicit aims are part of a more basic purpose and correspond to the healers' desire to define who they are with respect to the rest of society.

The way in which the associations are organized ensures that they work. There is generally a regional and local base that guarantees the link between the association and the milieu that brought it into being. An association generally unites the healers in one area and then sensitizes others from surrounding areas. Most associations remain limited geographically but in Kinshasa they often have national aspirations as evidenced by their names. Each association is structured around one person who is usually a well-known healer.

The combination of local beliefs and the personality of the leader in each association produces a positive dynamism that affects the healers in their work. Each association is not only very close to its base but also highly attuned to existing conditions in the practice of the healer's profession.

Like any other associations, however, some healers' associations may fall prey to unscrupulous leaders who use them for personal gain. The best way to combat this danger is to encourage input from all the members and answerability between the leaders and the rank and file.

The advantages of associations far outweigh their potential abuses, and

they should be recognized and encouraged. Healers' associations represent one way of preserving a rich tradition in modern society.

THE MAIN LINES OF TRADITIONAL MEDICINE'S DEVELOPMENT IN ZAIRE

At present, the global character, which gives traditional medicine its originality, is endangered by the evolution of society and the current status of traditional medicine and its practitioners.

The conditions of modern life place on people certain constraints that influence a healer's practice:

- Structural constraints, which result from the complexity of modern society and particularly from urban society: the interethnic character of the population, the multiplicity and contradictory nature of roles that people play, and the coexistence of several reference and value systems; and
- Material constraints, which influence the availability of family members: they are less concerned with the sickness and less involved in the treatment.

The changes in society have produced an abrupt break between the healer and the milieu of the patient's daily life. Often the healer no longer knows the families, who, in turn, do not know the healer and are less willing to cooperate. The society no longer invests in healers the role of "restorer of social balance."

Thus, an uncertainty exists about the position healers occupy in present-day society and the degree of credibility that can be accorded them. Many of them have reacted to the uncertainty by adopting the accoutrements of Western medicine: white smock, stethoscope, microscope, reception service, modern consulting room, etc. Others have emphasized the mystical or magical aspect of their practice, intending thereby to affirm their specificity.

Evolutionary Pattern of the Medical System

It is not at all certain that the healers' medical system was any more static in traditional societies than it is today. In fact, numerous signs have led us to believe that the system was undergoing periodic restructuring. Changing circumstances and the creative impulse of great healers were two forces that operated in the evolution and succession of the healing arts. Predictably, the changes today are much faster, gripping the whole of Zairian society.

Current changes in traditional medicine are apparent in the beliefs of etiology, nosology, and therapy.

Changes in the Etiological Systems: In urban society, the unnatural causes that are invoked at the beginning of illnesses have become more important but have lost their specificity. The healers now are vague in their accusations, blaming witchcraft for the patient's (undefined) interpersonal tensions. The accusations do not include the name of the person involved, perhaps a tactic

on the part of healers to avoid being hauled into court to answer defamation charges.

Another cause that has become important is fetishes, especially in sudden attacks of "madness" or chronic psychic disorders. The healer asserts that the patient was searching for fetishes to obtain success or a promotion. The popularity of fetishes in today's society has come from general feelings of inadequacy to cope with the environment and to find a satisfactory niche in society; the fetish is a means of personal reassurance.

At present, the complexity of relations between causes is disappearing, and what is left is the impression that the healer is handing out catchall causes in quasiautomatic fashion.

Although healers in urban areas continue to cite the traditional causes, they refer generally to the spirits, who have become impoverished versions of their earlier selves. The healers lack personal knowledge of their patients and are unwilling to specify in detail the reasons for the connection between the world of spirits and that of humans.

They recognize that many of their patients have sought their help because of problems experienced in new life situations: conflicts in professional relations, neighbourhood problems, tensions between spouses, and a desire for freedom in choosing a mate. Traditional motives have not been completely supplanted, but there has been a change of emphasis, which needs to be reflected in the healers' practice.

Instead, the growing feeling of insecurity in present society is at times exploited by strangers or inexperienced youth, who, not having mastered the details of the social mechanisms, often resort to second rate conjuring and magic tricks with a view to impressing their clientele. Happily, such exploitation is not widespread. The most interesting forms of divination are those based on the dialogue between the patient and the experienced healer, with the latter assuming a role that increasingly resembles that of the psychologist of Western society, who helps the patient to verbalize the problems he or she is experiencing.

The natural causes, unlike the unnatural ones, have changed little, although there is a tendency to incorporate into the system certain causes and terms borrowed from Western medicine and reinterpreted within the framework of the old concepts: the notion, for example, of microbes, which are seen as being the material form of little animals that attack the organism.

Changes in the Nosological System: The terms used for illnesses by healers in the urban milieu generally tend to be less numerous and less precise today than they were previously. This, no doubt, reflects the multiplicity of linguistic groups as well as the fact that healers are often forced to communicate in foreign languages whose shades of meaning they are unable to master.

The healers compensate for their language deficiency by borrowing from Western terminology, not always accurately. Thus, they may designate as diabetes various illnesses from the traditional category *kisuba-suba*, which includes many ailments other than diabetes.

Another borrowed term that plays a general-purpose role is epilepsy, which covers all forms of convulsions, even those that are the result of high fever. Certain terms like cancer, hypertension, gastritis, and tuberculosis are also used by healers to cover just about everything. (What encourages them in this practice is the overblown advertising that boasts the quasi-magical

effectiveness of traditional medicine in areas that are particularly resistant to all forms of medicine.)

Similarly, healers have borrowed Western terms for the parts of the body, integrating them permanently into their vocabulary. The practice is not limited to healers but extends to others who hear diagnostic terms used in hospitals and dispensaries. Patients will, more or less correctly, often refer to their illness in the terms that were used by the doctor diagnosing their case.

Changes in Diagnostic Procedures: The number of physical examinations performed by healers in the urban milieu seems to be increasing. Whether this is due to a great subtlety in the naturalistic approach to illness or simply to a form of imitation of Western medicine is difficult to say. Possibly certain healers have assimilated the notions of Western medicine sufficiently to make use of the information supplied by the various diagnostic instruments.

In contrast, however, urban healers commonly cut down on diagnostic procedures for patients who have already consulted Western practitioners by accepting the established diagnosis. But what complicates matters is the overlap in vocabulary in the two systems; the terms do not cover the same realities and do not have the same implications where treatments are involved.

There is a general decrease in the use of mechanical-type procedures and an added emphasis on the use of dialogue as the basis for diagnosis. Some healers still look into the mirror when conversing with their patient and family, but the mirror is being used not as a genuine instrument of divination, but rather as a symbolic support designed to evoke the power with which the healer is invested. Increasingly, then, healers are making greater use of dialogue as a means of gathering information that will enable them to understand their patient's illness.

The diagnostic examinations given by the healers in the urban milieu show that the population's problems bridge traditional and modern values. There are basic ties with the rural areas, and many problems are characteristic of the rural dweller migrating to the city. Thus, in Kinshasa, often the healer, the patient, and the members of the family who live in the city go to a village and, once there, gather in a family council to seek the underlying cause of the illness. Conversely, the healer may invite to the city the main members of a family living in a village to participate in a search for the causes.

Changes Introduced in the Treatments: Two main factors have combined to modify the traditional treatments: the relocation of the healer away from the plants and various ingredients that originally made up the medical remedies and the proximity of Western medicine. In practice, healers usually go back to their former villages to collect plants and stock up; they also frequent markets that have sprung up near the cities as a result of the rural exodus.

The second factor is of far greater importance because the modern medical system is a powerful presence with a highly developed technology. From this system healers have borrowed certain elements:

- In the preparation of remedies, they definitely tend to opt for forms used in Western medicine, such as powder inside capsules or in tablet form, solutions to be used in injections, suppositories, and syrups. Changes in the form of remedy often mean changes in the chemical composition, especially when the healer uses new solvents such as pure alcohol and various laboratory reagents. Some healers even include in their remedies certain ready-made

Western medicines, which they reduce to powder or mix with another solution to conceal.

- In the administration of remedies, the healers who have introduced capsules and changed the form of their remedies often have difficulty in making corresponding changes in the dosages.

Treatments that use rituals have adhered to traditional principles, although they are administered under various handicaps, such as lack of time and space, remoteness or absence of family members, high cost of living, and the materialistic framework of urban life. Two main changes have occurred; they have been reduced in length and complexity.

A third change in rituals is the orientation, the ritual now being centred on the patient, with the family group attending more as assistants than as actual participants. This is perhaps the sign of a new concept emerging, involving a greater individuality.

Attempts to Set Up Actual Working Procedures

It is not only the medical system itself that has undergone changes but also the participants who make it work: the population and the healers.

The desires of the population have evolved in two directions: toward more services and more modern conditions. First, the healer, the urban healer particularly, is expected to enter increasingly diverse areas that are often far removed from strictly medical problems. These nonmedical situations may involve consultations about obtaining a promotion, succeeding in business, or enlightening someone as to the causes of failure. Although this type of assistance has some base in traditional medicine, it has blossomed unexpectedly and may prove harmful inasmuch as it encourages people to depend too much on others and thus abandon their efforts to cope with the problems of everyday living. Faced with the growing diversity of requests for their services, healers have adapted, becoming generalists, and have begun to advertise through billboards displaying long disparate listings of their skills. Although advertising does not imply a lack of conscientiousness on the healer's part, this practice could quite easily be abused and should be discouraged.

The second desire tends to confound the image of traditional medicine with that of modern medicine, and, in response, certain healers are seriously considering modernizing their operations. Although hygiene, order, and cleanliness have always been part of traditional medicine, the standards were not as high as those in modern medicine.

Any improvements in hygiene, however, probably have been offset by new tensions between healer and patient, which could endanger the warm and personal relationship integral to therapy.

Urban life has changed the population's desires and has introduced constraints that strongly influence traditional practice. The patients and their families have to face money difficulties and cramped living space, two problems that are exacerbated when the healer hospitalizes the sick person.

Connected with hospitalization is the matter of healers' fees, which are determined as follows:

- Consultations involving love or business success, which are peripheral to traditional medicine, are very costly;

- Consultations for illness are treated by herbalists very similarly to those in Western medicine, with the patient paying for a registration card, a consultation, and the medicine received; and
- Some examinations are done at a fixed rate, but the price of divination fluctuates considerably (and is at present increasing);
- The price of ritual treatments is very difficult to evaluate because it generally includes food and drink for participants other than the healer and patient (sometimes an enormous crowd) as well as the purchase of various objects used in one way or another in the course of the ritual. At times, a patient is placed in seclusion and must abandon all the ordinary objects which he purchased upon entering seclusion. The payment does not all go to the healer; everyone in the rites — such as assistants and drummers — receives a substantial share. The money taken in during the dances or at the festivals celebrating the end of the treatments is redistributed among the members of the group attending;
- Hospitalization fees are usually calculated separately either on a daily basis (for short periods of hospitalization) or on a lump sum basis (for longer periods); and
- Initiation treatments, which relate to an apprenticeship or the acquisition of power, are sometimes quite high, constituting a sort of investment from which the patient hopes to profit.

In other words, calculating the healers' fees is an extremely complex procedure. The fees charged differ widely among various treatments and are not comparable to fees for Western medicine because they do not cover the same realities. But it is possible to standardize rates in three specific areas: treatments given by herbalists, divination treatments, and hospitalization fees.

CONCLUSIONS

Traditional medicine is a complete medical system with joint global concepts of health that include at once somatic, psychologic, and social aspects. The herbalists approach sickness in a manner similar to doctors and nurses in Western medicine, whereas the other healers are more like psychotherapists or sociologists.

Traditional medicine is dynamic, evolving in every aspect to cope with today's society. This dynamism and vitality can be used as a basis for developing a new integrated system of health care in Zaire.

If we wish to set up more concrete programs of cooperation with traditional medicine, we must take into account not only the nature and function of traditional medicine methods but also the specialties and styles of its practitioners as keys to modalities of cooperation.

The present evolution looks promising but it does have its dangers, and it is up to the true healers to combat these dangers, which threaten the very existence of medicine itself.

More and more healers are advertising their services on billboards, the radio, television, etc., and in the urban milieu, the list of ailments they treat occasionally becomes unduly long.

PART II

SUGGESTIONS FOR A REORIENTATION OF THE HEALTH POLICY WITH RESPECT TO HEALERS

INTRODUCTION

At present in every country in the world, official health departments are suffering from a malaise, which is caused by two problems: insufficient medical services to reach their populations and increasing specialization in Western medicine with less and less focus on the whole patient, let alone his or her milieu.

In Zaire, a possible cure for this malaise is to incorporate the traditional medical services into the formal health system. This would provide the additional resources necessary to reach everyone who needs health care and would bring to health practice a more comprehensive view of the sick.

Based on thorough knowledge of both the traditional (part I) and the modern medical systems, an overall medical plan to incorporate the two can be drawn up, outlining the stages and timetable needed. The timetable should take into account the fact that experiments may have to be undertaken to determine a concrete form for each stage.

AN INDISPENSABLE PREREQUISITE: RECOGNITION BY LAW

The first official step is to modify the legislation on traditional medical practice. Currently, the laws in Zaire are ambiguous: although they implicitly recognize the existence and legitimacy of traditional medicine, they do not sanction or regulate it.

At present, there are several legal provisions relating to traditional medicine, and these should be separated out, reviewed, expanded, and grouped as one section in the legal code. The texts should be based solely on the nature and the functioning of traditional medicine rather than on the existing provisions covering modern medicine.

To help judges in settling legal conflicts, the texts should also include specific guidelines that provide control over traditional medicine and its evolution and protection for both the healer and the healer's clientele.

The legislation should be drafted by a commission composed of representatives from the Department of Justice; the Department of Public Health; the Healers' Traditional Medicine Centre of the ISR; the Commission for the Reform of Law and Its Unification; and the healers' associations.

The commission should have a permanent department whose function is to set up and centralize dossiers on traditional medicine as well as to gather information for reference by the commission in its deliberations.

One of the most difficult tasks in reworking the legislation will be to differentiate between genuine healers and those who pass themselves off as such, especially considering the huge number of healers currently practicing in each of the country's various administrative areas.

The task involves, first, identifying healers through an individual information card system and fitting them into one of the four categories: herbalist, herbalist-ritualist, ritualist-herbalist, and spiritualist. Information gathering should be undertaken at the lowest administrative level, namely, by local residents who will fill out a card for each practitioner, indicating the community leader's opinion of the healer's reputation, conscientiousness, and size of his or her practice. The cards should be produced by the Department of Public Health and the Healers' Traditional Medicine Centre, be sent to the local or community leaders, and once filled out, be returned to the agencies — without, of course, in any way increasing the taxes of the healers.

Next, the task involves selecting healers competent enough to receive a certificate for practice. Caution is the main word in selection procedures to ensure that valid healers are not inadvertently stripped of their right to practice.

Dossiers, set up to evaluate healers, should include:

- Accurate information on training (based on reliable testimony as to the healer's apprenticeship in the art of healing, whether the art was transmitted through family tradition or through a well-known personality in the region, and, when necessary, additional information based on investigations);
- Information on the patients treated by the healer (based on interviews with the healer and others);
- Information on the type and effectiveness of the treatments administered (based on interviews with the healer and patients);
- Information on the healer's reputation (based on interviews with community leaders and representatives of healers' associations).

Evaluating the dossiers requires a very good knowledge of what traditional medicine is and how it works and should be carried out by the Healers' Traditional Medicine Centre; however issuing the certificates could be done jointly by the Department of Public Health and the Healers' Traditional Medicine Centre.

The basic information collection, i.e., identifying the healers and opening a file for each, can begin immediately; however specialized information collection, i.e., obtaining details of practice, will have to wait until there are personnel trained (perhaps by the Department of Public Health's regional divisions in cooperation with the Healers' Traditional Medicine Centre?) and funds allocated specifically for the task.

Even though the final decisions will be made by a single organization, the entire procedure should be carried out in a decentralized way drawing on the regional and subregional divisions of the Department of Public Health, as well as local healers' associations, to lighten the work load as well as to profit from all the local sources of information.

COOPERATION OR INTEGRATION?

The specifics of cooperation between the modern and traditional health systems have not yet been worked out, but past experience has shown that two arrangements are unacceptable. They are

- Modern medicine's taking over traditional medicine by appropriating

to itself certain medicinal products and techniques used by the healer with a view to eventually eliminating them;

- Modern medicine's absorbing the healers into its structured system and then relegating them to the role of mini-nurse, ignoring the rest of their talents.

The action to be taken involves a long-term change of the whole medical structure and planned experiments within the framework of current health structures. The experiments should be conducted with reference to a long-term plan and should contribute to the carrying out of the plan.

A Long-Term Plan

A long-term plan should spell out structural changes in the Department of Public Health and the activities to be undertaken by practitioners of modern medicine, traditional healers, and the population, upon whom rests the fate of the new health policies.

Structural Changes: Up to now, the Department of Public Health has mostly been concerned with Western medicine, devoting only a small portion of its time to traditional medicine. The department, which at present comprises five branches, should set up an additional branch to oversee traditional medicine.

The main functions of the branch would be:

- To participate in the creation of a commission for the study and legal reform of traditional medicine in collaboration with organizations such as the Healers' Traditional Medicine Centre in an effort to specify and define, on the basis of data as provided particularly in this report, both the provisions and the concrete orientations of the new legislation;
- To set up and control the census of healers through the use of an information card system and to centralize information concerning the distribution and specialization of healers throughout the country's various regions;
- To examine dossiers on healers and consult with the Healers' Traditional Medicine Centre with a view to issuing certificates to healers who meet the required criteria;
- To develop a specific plan for collaborating with the healers in regard to information and results provided by the Healers' Traditional Medicine Centre;
- To inform departments in the government and elsewhere of the gradual creation of several new structures in the area of health;
- To monitor the professional activities of every healer who has received a certificate, according to the standards of the newly adopted legislation and of the code of ethics to be developed by the healers themselves;
- To help the healers' associations organize themselves and to support the creation of a code of ethics for the profession; and
- To collaborate with the Healers' Traditional Medicine Centre in outlining a program of work sessions with the healers.

The functions of the branch should not result in the bureaucratization of healers through a salaried system, which would make them dependent on the

government and which would seriously disrupt the organizational setup of traditional medicine with respect to the population.

Parallel Action in Three Areas: Changes in the health system affect three groups — modern medical practitioners, traditional healers, and the general population. The practitioners of modern medicine established their administrative, corporatist, and university structures long ago; the traditional therapists are now seeking to establish theirs through healers' associations. Ultimately, the general population — in choosing one or other of the two medical systems — decides the fate of both. A sudden official upgrading in traditional medicine might very well influence the choices. If an inordinate amount of advertising were given to the upgrading, people might interpret the actions as a devaluation of modern medicine and shift radically in their search for health services. This would result in strong resentment among the practitioners of modern medicine as well as a misrepresentation of the government's intentions.

To avoid such misunderstandings, health officials should take steps to prepare each group for the upcoming changes:

- First, to determine the views of the two systems' practitioners — how they feel about each other and the possibility of cooperating (in Zaire, through the Department of Public Health, we have sent to all practicing doctors a personal questionnaire that was drawn up following consultation with the Regional Inspectors of Doctors as well as with several other doctors. Answers are at present being analyzed; the results will be sent to the doctors as soon as they become available);
- Through the available media in the medical milieu, give the potential participants, in scientific terms, complete information on the current research program, its methods, and its goals. Radio broadcasts, newspapers, meetings, interviews, letters are all means for reaching the participants and should be exploited to keep the doctors clearly informed, especially about their role in the general research program (it is with this in mind that the ISR has set up the *Bulletin de Médecine Traditionnelle* and held in 1978 a national seminar on traditional medicine);
- Encourage participation by the greatest possible number of healers from both systems;
- Use methods set out by the general plan (including research units for mixed medicine) and seek comments about sick persons who went to healers, noting in each case the effect of the healer's treatment;
- Include, within the training programs for doctors, nurses, and paramedical personnel, courses and projects that would give students a fuller understanding of traditional medicine;
- Inform healers that their integration into the health services will be gradual and will depend on their cooperation and participation, particularly in pilot experiments;
- Urge healers to develop both their awareness of belonging to a certain class and their desire for individual betterment;
- Publicize dealings with the healers to emphasize the historical importance of the research, being discreet enough to avoid opportunism;
- Rely on the associations to be the intermediaries between the healers and the authorities and call on them to participate in a national healers' census while keeping a watchful eye out for opportunists; to submit opinions on healers who are being studied as possible recipients of practice certificates; to

provide the healers with a framework enabling them to judge the quality of their medical system, its positive and negative aspects, and its original contribution in the area of health; to enlist healers in the drafting of an ethical code that will guide both their practice and the authorities in the monitoring of that practice; to utilize this ethical code as a checking mechanism in regard to healers; to sensitize healers as to their role in the medical structures; and to create a spirit of cooperation between healers and doctors, particularly in areas where experiments in cooperation are already being carried out;

- Emphasize education in media appeals to the general public; encourage the population, through carefully prepared radio and television programs, to appreciate the nature of traditional medicine, its original contribution, and its limits (this should help the population to make more efficient use of healers' services and to avoid the abuses of charlatans); and
- Set up feedback mechanisms so that policymakers can monitor the population's reactions.

Concrete Experiments in Mutual Cooperation

Concrete structures for cooperation between the two medical systems can only gradually be set up because there are no ready-made models. The models must be invented and, before being generally applied, have to be tested in various scattered but highly concentrated areas. The models may have to reflect the differences in rural and urban areas where the availability of modern medical units varies and in the generalist-specialist orientations of the healers, both traditional and modern.

If the groundwork for cooperation has been laid properly, the experiments should succeed because modern and traditional medicine complement each other. Patients should be free to move toward Western-type medicine for illnesses whose symptoms exceed the competence of traditional medicine and toward healers for treatments that modern medicine is unable or is not as competent to provide.

Experiments in cooperation may be divided into two categories: activities that can be immediately undertaken within the present health system and those that can be undertaken once a medical structure based on the "Health and Welfare Manifesto of the Zairian People" has been set up.

Individual projects may now be undertaken in places where preliminary information has been collected and where there is an active and dynamic modern medicine unit. Following are the various steps in the experiment:

- To convince practitioners of both systems of medicine of the advisability of cooperating and to encourage them to decide how they can cooperate most effectively;
- To gather information on the clientele of both systems of medicine, such as social, economic, and cultural characteristics as well as the symptoms that prompted them to consult a practitioner;
- To interview patients from both systems to determine the reasons for their choosing one system rather than the other;
- To have doctors and healers hold meetings concerning specific cases of illness; and
- To urge doctors and healers to study concrete methods of cooperating with respect to, for example, an exchange of patients, and to study what is available in one system or the other in each of the areas.

Thus, the first experiments are structured around already existing medical units whose distribution throughout the country is not uniform. At present, experiments could be set up in government hospitals and dispensaries, as well as medical units of the Protestant, Catholic, and Kimbanguist churches together with those of private groups.

Also, the experiment described elsewhere in this report — of research units in mixed medicine — should be continued and expanded to include general and specialized units. Mixed medical teams could now be organized to provide preventive care and health education to the population. To have an impact, they should include within their ranks local healers and other villagers who could greatly influence a change in habits of health and hygiene as well as persuade the population to participate in the programs under way.

The members of the medical teams should receive, at either the local or regional level, training that would enable them to fulfill their role as health educators. Concerning curative care, they should be aware of the available local resources as well as the most specialized equipment. The medical teams can obtain information on healers from a card system that was based on a census carried out by the government, and, to go a step further, they can verify and complete the information later. A representative from the Department of Public Health should, in conjunction with each team, develop on the local level a rational plan for the use of the available health resources.

Within the framework of concrete experiments, there is a need to include investigations into small-scale preparation of traditional pharmaceutical remedies. This presupposes a redefining and reinforcing of laws that govern exports of medicinal plants to allow primary products to be processed locally, and, hence, to safeguard the national heritage.

CONCLUSIONS

A certain integration of traditional and modern medicine has always existed in the eyes of the people who have had recourse to both systems. But we must go beyond this integration and set up a specific project that can maximize the contribution of both medicines, expanding considerably the available local resources and, hence, the national medical services.

The formula that we are proposing for integrated medicine is not a mixture of discrete elements borrowed from the two medical systems but rather a harmonizing of two medical practices, each operating within its own sphere and each renewing and enriching itself and the other. It is only on this basis that a new type of purely African medicine can emerge, clearly adapted to the health needs of the Zairian people and contributing to the creation of a universal medicine that is both more social and more humane.

Research and action are inseparable, for research makes action possible and action shapes the orientation of research. We do hope that our research will contribute to action and dialogue between the practitioners of both medicines, prompting mechanisms for cooperation and, thus, ensuring maximum results from the Zairian national health plan.

APPENDIX 1. CRITERIA FOR CLASSIFYING HEALERS

Criteria	Herbalist (a)	Intermediate (b)	Ritualist (c)
Treatment	Plants only	Plants and rituals	Rituals only
Diagnosis of causes	Naturalist only	Sometimes psychosocial (divination) according to the individual case	Always psychosocial (divination)
Illness treated	General practitioner	Specialist for one or several illnesses	Specialist for a particular category of causes
Healer's degree of social reference	Wholly independent	Healer practices independently but belongs to a therapeutic rite that has a name	Healer belongs to a therapeutic rite that is characterized by an association comprising healers and those who have been cured
Object of treatment	Only the patient	The patient and the group	Only the group
Material agent of treatment	Only the healer	The healer and a therapeutic community	The therapeutic community alone
Nature of the force involved in the treatment	Only the medicine	Medicine and spirits	Spirits only
Degree of reference to local tradition	Reference to local tradition only	Reference to both a local tradition and an imported tradition	Reference only to an imported tradition

We classified healers in one of the three categories for each criterion, but most healers are at an intermediate point between the naturalist and spiritualist extremes.

APPENDIX 2. EXAMPLES OF HOW THE CLASSIFICATION WORKED

We have listed characteristic configurations of four healers.

An herbalist healer who specializes in skin diseases

1a: treatment using plants

2a: naturalistic diagnosis

3b: specialist for one disease

4a: independent healer

5a: treatment intended for the patient only

6a: the material agent of the treatment is the healer alone

7a: the force of the treatment is in the medicine alone

8a: reference to local tradition

An herbalist-ritualist who is a general practitioner

1b: treatment by plants and rituals

2b: diagnosis sometimes psychosocial

3a: general practitioner

4a: independent healer

5b: treatment intended for the patient and the group

6a: the material agent of the treatment is the healer alone

7b: the force of the treatment is in the medication and the spirits

8a: reference to local tradition

A ritualist-herbalist specialist: the Zebola type

1b: treatment by plants and rituals

2c: diagnosis always psychosocial in nature

3c: specialist for one category of causes

4c: healer belonging to a therapeutic rite

5a: the treatment is intended for the patient only (the group is involved but the therapy is not, strictly speaking, for them)

6b: the material agent of the treatment is the healer and the therapeutic community

7b: the force of the treatment is in the medicine and the spirits

8a: reference to local tradition

It should be noted that a healing rite of the *Nkita* type is distinguished from the *Zebola* type in the following criteria

3a: general practitioner

5b: treatment intended for the patient and the group

6a: the material agent of the treatment is the healer

A spiritualist-general practitioner: the* Ngunza *type

1c: treatment through rituals

2c: psychosocial diagnosis

3a: general practitioner

4c: healer belonging to a therapeutic rite (healing churches)

5a: treatment intended solely for the patient

6a: the material agent of the treatment is the healer alone

7c: the force of the treatment is in the spirit alone

8b: reference to local tradition and an imported tradition

APPENDIX 3. INFORMATION CARD

1. Name and postal number of the healer _____
2. Region _____ Subregion _____ Zone _____
   Comm _____ Loc _____
3. Present address _____
4. Sex _____
5. Age _____
6. Marital status _____
7. Ethnic group _____
8. Profession _____
9. Previous studies _____
10. Date you began your medical practice _____
11. Are you a full-time or part-time healer? _____
12. Please list the illnesses that you treat. _____
13. What are the illnesses that patients most often consult you about?
    _____
14. Does your method of healing have a name?
    If so, what is it? _____
15. Do you belong to a group that includes both healers and former patients?
    _____
16. To which of the following categories of healers do you belong?
    - those who heal only with plants _____
    - those who treat only with plants and spirits _____
    - those who use mainly spirits _____
17. Do you do divination? _____
18. Do you have a place reserved especially for caring for the sick? ____
19. Can your patients spend the night at your house? _____
20. Do you have a hospital? If so, how many persons will it accommodate?
    _____
21. About how many patients do you see
    - Per day? _____
    - Per week? _____
22. Do you work alone or do you have assistants? _____
23. Do you have contacts with doctors or nurses in your work?
    - Never _____
    - Sometimes _____
    - Regularly _____
24. Do you have any suggestions to make? _____
25. Do you belong to a healers' association? _____
    What is it called? _____